b. CITY (If equidade companies licities, write BURAL and give OR DRA Nevada	11			E DIVISION OF HE					A O	Siero -
STATE   STAT	FLED DEC 22	7 1050	STA	NDARD CERTIF	FICATE O	F DEATH	$H$ $_{s}$	tate File No	40.	378
1. PLACE OF DEATH a. COUNTY VETION  D. CITY UI sended companies limits, write RURAL and give vermable)  D. CITY UI sended companies limits, write RURAL and give vermable)  TOWN Nevada  d. PLAL MAN GO GT and is baseded or institution, either serves informed to location.  INSTITUTION Nevada City Hospital  J. MANE OF Each Server of the sended of the server informed to location.  J. MANE OF The server of the server informed to location.  J. MANE OF The server of t	l!	1330	_ REG. D	IST. NO. <u>360</u>	PRIMARY REG.	. DIST. NO.	3016 R	egistrar's No.	17	9.191
b. CUNTY Wernon  b. CITY (II southed corporate little), write RURAL and give township)  TOWN Nevada  d. FULL MAME OF cit so to beneficial or insulativities, cit retress statume or location)  HOSPITATION Nevada City Hospital  3. NAME OF Cit so to beneficial or insulativities, cit retress statume or location)  NOTIFICION Nevada City Hospital  3. NAME OF City (III south september)  C. CLASH)  Frone  Frone  Frone  C. CLASH)  C. CLASH)  Frone  Frone  Frone  Frone  Frone  Frone  Frone  Town Nevada City Hospital  DATE OF BIRTH  J. B. Shipman  J. CLASH (III)  NOTIFIES SORIL SECURITY  NOTIFIES  NOTIFIES  NOTIFIES  NOTIFIES  M. C. CLASH)  J. B. Shipman  J. J. Shipman  J. J. Shipman  J. Shipman  J. J. Shipman  J. J. Shipman  J. J. J. Shipman  J. J. Shipman  J. J. J. J. Shipman  J. J. J. J. Shipman  J. J. J. J. J.	I. PLACE OF DEA	тн					CE (Where decease	d lived. If in	etitution: re	eklezes before
OR TOWN Nevada  1. OF TOWN Nevada  1. OF TOWN Nevada  1. OF TOWN Nevada  1. OF TOWN Nevada  2. OF TOWN Nevada  3. NAME OF CLOSE OF TOWN Nevada  3. NAME OF CLOSE OF TOWN Nevada  4. OF TOWN Nevada  3. NAME OF CLOSE OF TOWN Nevada  4. OF TOWN Nevada  5. SEX	a. COUNTY 7	Ternon			a. STATE		, b,	соинтууе	rnon	/0/2
d. FILL NAME OF at the site is neglected for least interest, given street address or location)  NOSPITATION NO Vada City Hospital  3. NAME OF at (Pirat) DECASED  Frone  7. MARRIED, NEVER	OR		URAL and a to	wnship) STAY jin this place	)  OR			L and give tow	nahip)	8
S. MARE OF DECEASED   Control   Co	d. FULL NAME OF (	If not in hospital or l		ve street address or location)	d. STREET	Œ	f rural, give location)			<del></del>
5. SEX  6. COLOR OR RACE  7. MARRIED, NEVER MARRIED			ity n		1		94 S. ASI	ı St.		<u> </u>
5. SEX   6. COLOR OR RACE   7. MARRIED. NEVER MARRIED.   19. DATE OF BIRTH   19. DATE OF DEPARTMENT   19. DATE OF OPERA.   19. DATE OF OPERA.   19. DATE OF OPERA DATE OF DATE		_		b. (Middle)		,	l OF		,	(Year)
Pemale   White   Married   Discrete   Disc			1.7 MADD	IED NEVED MADDIED					<del></del> .	
10a. USUAL OCCUPATION (citre baded over a consideration of working life. went if worked)  HOUSEWITE SALE THE SAME  J. B. Shipman  I. B. Shipm	/		WIDOV	VED. DIVORCED (Specity)	ندا	•	i last birthe	iny)   Months	Days H	
ADDRESS   ADDR	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIN	D OF BUSINESS OR IN-					12. CITIZ	EN OF WHAT
J. B. Shipman    Marthall.   Moore   George Frasier		e Ille, even if retired)	<del></del>	home	<del></del>				GUN S	RY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY IV. NO. NO. NO. NO. NO. NO. NO. NO. NO. NO	3a. FATHER'S NAME		1	36. MOTHER'S MAIDEN	NAME	14	. NAME OF HUST	BAND OR WIT	E	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. no. or unknown) If yes, rise war or dates of service) NO. NO.  19. CAUSE OF DEATH Inter only one cause per line for (a), (b), and (c)  *This does not mean the discount of different contributing to the death but not related in the abose cause (c) stating the underlying count lost the discount of the	J. B. Sh	ipman		Martha L.	Moore	. ]	George I	rasie	r	r
18. CAUSE OF DEATH Enter only one-cause part of the mode of dying, ruch as heart failure, asthenia, the mode of dying, ruch as heart failure, asthenia, the underlying grouse fast.  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  DUE TO (c)  10. DISFASE OR CONDITION  PARTIE OF A ROW INCOME.  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  12. DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  12. AUTOPSYT  PARTIE (Month) (Day) (Year)  21. ACCIDENT SUCCIDE  SUCCIDENT (Bpselly)  21. PLACE OF INJURY (e.g., to or above)  POFT (INJURY)  22. AUTOPSYT  NOT WHILE IT NOT	(Yes. no, or unknown) (If	yes, give war or dates		NO.	17. INFORM	MANT'S S	GNATURE OF	NAME	A	DDRESS
DIRECTLY LEADING TO DEATH*(a) LOCALING THE DEATH TO DEATH*(a) LOCALING TO DEATH*(a) LOCALING TO DEATH*(a) LOCALING THE DEATH TO DEATH*(a) LOCALING TO DEATH*(a) LOCALING THE DEATH TO DEATH TO DEATH*(a) LOCALING THE DEATH TO DEATH*(a) LOCALING THE DEATH TO DE		140					sier . Ne	vada.		
The mode of giving, such as heart falture, extending the underlying course (a) stating the underlying or complication which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  12a. DATE OF OPERATION  12b. MAJOR FINDINGS OF OPERATION  12a. ACCIDENT  SUICIDE  HOMICIDE  21d. TIME  21d. TIME  (Bpoelty)  21d. PLACE OF INJURY (e.g., to or about Male, est)  HOMICIDE  21d. TIME  21d. TIME  (Month)  (Day)  (Year)  (Hour)  21e. INJURY OCCURRED  WHILE AT  NOT WHILE AT  AT WORK  22a. SIGNATURE  22b. DATE SIGNATURE  22d. DATE  24c. NAME OF CEMETERY OR CREMATORY  12d. LOCATION (City, town, or county)  (State)  12d. CITY (State)  12d. LOCATION (City, town, or county)  12d. DATE RECT BY LOCAL  12d. Park  Nevada  No Wada, Mc  25d. Park  Nevada  No Wada, Mc  25d. Park  Nevada  No Wada, Mc  25d. CITY (State)  12d. Location (City, town, or county)  12d. Location (City, town, or county)  12d. County  12d. Location (City, town, or county)  12d. County  12d. Location (City, town, or county)  12d. Location (City, town, or county)  12d. County  12d. Location (City, town, or county)  12d. County  12d. Location (City, town, or county)  12d. County  12d. Location (City, town, or county)  12d. Location (City, town, or county)  12d. County  12d. Location (City, town, or county)  12d. County  12d. Location (City, town, or county)  12d. County  12d. Location (City, town, or county)	Enter only one cause per line for (a), (b), and (c)			ATH*(a) Lerry	estil	Less	t fail	ure	ONSET!	AND DEATH
11. OTHER SIGNIFICANT CONDITIONS   12. OTHER SIGNIFICANT CONDITIONS   13. OTHER SIGN	It is does not mean them to do dying, such the mode of dying, such the mode of dying, such the above cause (a) stating DUE TO (b) Wallow Wallow Wallow Wallow The to the above cause (a) stating									
Conditions contributing to the death but not related to the disease or condition causing death.   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   19b. MAJOR FINDINGS OF OPERATION   21b. PLACE OF INJURY (e.g., to or about SUICIDE   19b. MAJOR FINDINGS OF OPERATION   19b. MAJOR FINDINGS OF OPE					<del></del>		<del></del>		-	
19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE 21d. ACCIDENT (Bpecity) 19a. DATE (Month) (Day) (Year) 19a. DATE OF OPERATION  21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWNSH	tion which caused death.							45	14	
21a. ACCIDENT SUICIDE (Bpacity) 21b. PLACEOF INJURY (s.e., to or about SUICIDE HOMICIDE (Month) (Day) (Year) (Efour) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) home, farm, factory, street, office bldg., esc.)  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT WORK AT					· · · · · · · ·				20. AUT	OPSY1
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  10		<del></del>			<del> </del>				YES L	
22. I hereby certify that I attended the deceased from Der. 1, 1950, to har 4, 1950, that I last saw the deceased alive on hereby certify that I attended the deceased from Der. 1, 1950, to har 4, 1950, that I last saw the deceased alive on hereby 1950, and that death occurred at 2:4010 m., from the causes and on the date stated above.  23a. SIGNATURE  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  25a. BURIAL CREMA-  15a. B	21a. ACCIDENT SUICIDE HOMICIDE				21c. (CITY, TO	OWN, OR TOW	(NSHIP)	(COUNTY)	(S	TATE)
alive on Dec. 4, 1930, and that death occurred at 2:001 m., from the causes and on the date stated above.  23a. SIGNATURE  (Person title)  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  25c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  25c. SURVAIL REGISTRAR'S SIGNATURE  25c. FUNERAL DIRECTOR'S SIGNATURE  25c. FUNERAL DIRECTOR'S SIGNATURE  31  25c. FUNERAL DIRECTOR'S SIGNATURE  31  31  32  33  34  35  36  36  36  37  38  38  39  30  30  30  30  30  30  30  30  30	OF	(Day) (Year) (	w		21f. HOW DID	INJURY OCC	CURT			<del> </del>
23a. SIGNATURE    Company   Company		hat I attended t	he deceas	ed from Der.	2:00.10	to has	4, 19.57	, that I la	st saw the	e deceased
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  131 25 FUNERAL DIRECTOR'S SIGNATURE  132 5 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  142 6 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PRA	wio		,		ada,	Mo	PSC. DA	
Date reco by Local Registrar's signature 33/ 25. Funeral Director's signature address  Fig. 8. 1950 7 allumy H. Manguer Eichinger Funeral Home, Nevada, Mo	24a. BURIAL, CREMA- TION, REMOVAL (Specify)	24b. DATE	///			i .	- •	-	aty)	(State)
fec, 8, 1980 7 athum W. Wancier Eichinger Funeral Home, Nevada, Mo					25. FUNERAL	DIRECTO®	S SICHATURE	<u>"Oa</u>	DDRERS	
(Liconded Embelmer's Sestement on Reverse Side)	Lec. 8. 1950	Talle	un	W. Wances		nger F	uneral H	lome, No		,Mo.
	<del> </del>		V	(Licensed Embelow of	Statement on Re-	verse Side)	<del> </del>		-	

Division of HEALTH of Mo. District No. 5 - Springfield
RECEIVED DEC 11 1950
Dist. File 1250-2471-
Date Filed 12 - 14 -5

	STATE	MENT	BY	LICENSED	EMBALN	ÆR

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Licensed Embalmer No.

working under my personal supervision.

Student Embalmer No.......

Signed Mark Embalmer No......

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.